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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of poset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE F	FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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See instructions on back of certificate.

TION is very important.

of infor-

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 3861
1. PLACE OF DEATH	(18)
County Calling	Registration Dist. No. 5
Village or City / Mulual (If	No
Length of rasidance in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME / hamas / Sou	myo.S. Veteran specify WAR. Mone
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR PHOR CED (write the wort)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowad, or divorced HUSBAND of Elizabeth Bourne	22. HEREBY CERTIFY, That I attended depended from
PATE OF PIPTH (mostly day and year) March 10. 1869	I last saw h An alive on H 3/19 3/6 death is said
6. DATE OF BIRTH (month, day, end yaer) 7. AGE Yeers Months Days If LESS than	to have occurred on the data stated above, at
67 / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and reletad causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, FAUNCY, SAWYER, BOOKKEEPER, etc.	They Der tas ply of Product Date of onet
	Chronic interalitiat
SAW MILL, BANK, etc O 10. Date dacaased lest worked at this occupation (month and spent in this	mighitus 2/10
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 13. NAME Laws Danne	acute mys errous que
13. NAME A aus Daume 14. BIRTHPLACE (city or town) (State or country)	Name of oparation Date of
(Steta of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many M, They	23. If daath was due to externel causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME / Mary	Accident, suicide, or homicide?
17. INFORMANT My abith Douise (Address)	(Specify city or town, county and State) Specify whether injury occurrad In INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Pleca Drooks Chapel Date 4/2 7, 1936	Manner of Injury
19. UNDERTAKER Walson Mason (Address) Pr. Hredersk, Rod.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED # /21 , 19 36 Q.M. TREGISTAY.	(Signad) / Donner M. D. (Address) / M. D. (Address) / M. D.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	PHYSICIAN
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infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH 386	2
1. PLACE OF DEATH	820	
County - Church -	Registration Dist. No. 5	L
Village or City Williams.	NoSt.,	Ward
(If Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and n	
11. 1 12.11		3US.
2. FULL NAME A A A DOUNT	If U.S. Veteran specify WAR.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Ditato
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	Cepul 16	, 193
5e. Il merried, widowed, or divorce	(Month) (Day)	(Year)
HUSBAND OF Lines / Mewen	22. I HEREBY CERTIFY, That lattended	deceased from
1876 Day Com	, 19 , 10	19 75
6. DATE OF BIRTH (month, day, and year)	E S	; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
00 1 , ormin.	were as follows:	Dete of onset
& Trade, profession, or particular kind of work dona, as SPINNER, Danualia	The state of the few	
SAWTER, BUONNEEPER, etc.	Court of all all	1111.
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Al Aura The Market	7710
11. Totel time (years) this occupation (month and spent in this		
year) occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	- A	
(State or country)	Decompusation	1 mg
13. NAME, Jeener.		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of	
(State of country)	What test confirmed diegnosis? Was there an a	utopsy?
15. MAIDEN NAME Whenown 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following	
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State	•)
17. INFORMANT George & Frauer	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
(Address) Willows.		
18. BURIAL, CREMATION, OR REMOVAL Place St. Edition Date Of 2719 36	Manner of injury	
7/ 2/ 1/ 0 0 0	Neture of Injury	
19. UNDERTAKER Harry Hulchiges	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) Moul Harmony	Il so, specily	e
20. FILED Thef 27, 1936 Ulga Ve arpenler	(Signed)	M.D.
Registrar.	(Address)	- Jake

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Village or City Village or City or town where death occurred Vis Mos Mos Mos Mos Mos Mos Mos M
Village or City Walland No. Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds. 2. FULL NAME Walland Belief Black (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) 2 - 20 - 36 7. AGE Years Months Deys If LESS than I day, first of foreign birth? Years No. St., Ward If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) Year) HEREBY CERTIFY, That Yettended deceased from 19 26, to 40 27, 19 36; death is said to have occurred on the date stated above, at 32 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
Length of residence in city or town where death occurred yrs mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME Ward. Decay Black (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of 6. DATE OF BIRTH (month, day, and year) 2 - 20 - 36 7. AGE Years Months Deys If LESS than 1 day, hrs. or
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(a) Residence: No.
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(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (winte the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Medical Certificate of Death (Month) (Day) (Year) 22. All EREBY CERTIFY, That yettended deceased from (1 a) 36. to 40. (Month) 1 ast saw h. Malive on April 2 and 1 and
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5a. If married, widowed, or divorced HUSBAND of (or) WiFE of 6. DATE OF BIRTH (month, day, and year) 2-20-36 7. AGE Years Months Deys If LESS than 1 day, 1 hrs. or 1 min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were est ollows: Data of enset
6. DATE OF BIRTH (month, day, and year) 2 - 20 - 3 6 7. AGE Years Months Deys If LESS than I day, first on a particular or particular were est follows: Data of onset
7. AGE Years Months Deys If LESS than to have occurred on the date stated above, at
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The PRINCIPAL CAUSE OF DEATH and related causes of importance were est follows: Data of onset
8 Trade profession or particular Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 2. SAW MILL, BANK, etc
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.
work was done, as slit milt,
2 time occupation (month and 2 pent in this
yeer) Octupation Other Cautributory Causes of importance:
12. BIRTHPLACE (city or town) Callul Es
(State or country)
13. NAME Gernard Mary 14. BIRTHPLACE (city or town) Calsure Construction Name of operation Date of Dat
14. BIRTHPLACE (city or town) Date of Name of operation.
(State of country) What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mangaret Dances 23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Dete of injury
(State or country) Where did injury occur? (Specify city or town, county and State)
17. INFORMANT VILMARMULE TO THE Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Wally 18. BURIAL, CREMATION, OR REMOVAL
place Il Creek ned. Date 1/27 1036 mainer of injury
Nature of injury
19. UNDERTAKER Land Jove 24. Wes disease or injury In eny wey related to occupation of deceased?
4/28 31 DV (Signed) Signed (RE)
20. FILED / 20, 19 2 1 Registrar. (Address) Blanchel Relitable
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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	Example I	1	Example II	
The principal cause of importance were as	f death and related causes sollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 5 1986	July 5,1927	Peritonitis	3 days ago
	1 151 (155)	0 E		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
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Registrar.

Date of enset

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Cerebral hemorrhage S. S.	July 5,1927	Peritonitis	3 days ago
Constitution of the Consti	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	7	_	MARGIN	MARGIN RESERVED FOR BINDING	FOR	BINDING	S	3
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	I be ca EATH import	refully in pla	unreadily supplied. In terms, so	—WRITE PLATALY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated EXCAUSE OF DEATH in plain terms, so that it may be properly control is very important. See instructions on back of certificate.	IS A I stated properl certifica	PERMANENT EXACTLY In classified.	.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	item of infor- should state of OCCUPA-

1. PLACE	OF DEATH	OF MAR	TLAND-	-CERTIFICA	TE (OF DEA	IH 3	866
County_	Calunt		1964		Q:	Registration D	int No 5	2
Village o	r City Cham	mile		No.		Registration D		
Langth of	residence in city or town when		(1	f death occurred in a hospita	l or instituti	on, give its NAME	instead of street	and number)
	1)	e deeth occurred	yrs,mo:	sds. How long in	U.S. if of	foreign birth?	угз	mosde.
2. FULL N		on of	200 am	4 Lower		1		
(a) Resid	dence: No			St., Ward.				
PERSO	ONAL AND STATIS	(Usual place		MEDIC		If nonresident gi		
3. SEX-7	4. COLOR OR RACE			21. DATE OF DE		RTIFICATE	OF DEAT	Н
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				ZI. DATE OF DE	AIH	Much	1	
5a. If married, wid	If married, wildowed, or divorced			-		(Month)	(Day)	(Year)
HU3BANU 0	(or) WIFE of			22. I HER	EBY	CERTIFY	That Latten	ded decased from
			7			19, to		
	'H (month, day, end year)	2111	6	I lest saw h aliv	/e on		, 19	death is said
7. AGE	Years Months	Deys	If LESS than 1 day,hrs.	to have occurred on the	date stated	above, at	m.	
			ormin.	The PRINCIPAL CAUSE	OF DEATH	and related causes	of importance	1
8. Trede, pro	ofession, or particular of work done, as SPINNER, ER, BOOKKEEPER, etc			54 11	bon	_		Dete of onset
SAWY	ER, BOOKKEEPER, etc or business in which							
work v	was done, as SILK MILL, MILL, BANK, etc.	-						
0 10. Date dece	eased last worked at	11. Totel ti	ime (years)					
year)	ccupation (month end		ntin this upation					
12. BIRTHPLACE ((city or town)	11		Other Contributory Cause	s of Import	ance:		
(State or co		Te all						
13. NAME	Manon	Holle	in					
13. NAME	CE (city or town)	111		Neme of operation				
(2fat6	or country)	a R	cl					
15. MAIDEN N	VAME Make	pert		What test confirmed diagn 23. If death wes due to exte				
-	CE (city or town)	red		Accident, suicide, or homi-	cido?	S (AIOCEMCE) UII III	also the follow	wing:
E (Stete	or country)	11 01		Where did injury occur?	0.00:	Val	e or injury	, 19
7. INFORMANT	Mann	Holl	aul	Specify whether injury occ		(Specify city or town	on, county and	State)
(Address)	One 1	ud				NOOSTRI, III TIOME	, or in rublic	PLACE.
10	ATION, OR REMOVAL	10 .11.	11	Manner of Injury				
PleceC_	ropens cha	place thr	2,1924	Neture of injury				
9. UNOERTAKER	Foralis Ha	ries		24. Was disease or Injury in				
(Address)	Chanen vi	le		If so, specify		Parada and a de	or december?	
O. FILEO AN	12,1936WH	Hardes	4	(Signet)	ngl	WW		M D
		- /	Registrar.	(Address)	10	مسكم	w	A.
	If more	blanks are needed, ac	idress State Registrar, a	411 N. Charles Street, Baltim	nore. Recue	ethna 71 S Na		-

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage , , , , , , , , , , , , , , , , , , ,	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

	infor- state UPA-	1. PLACE O	STATI F DEATH	E OF MA	ARYI	LAND-	-CERTIFICATE OF DEATH 386	i	
	tem of should f OCC	County	Calma		B		Registration Dist. No. 52		
	y iten S sho t of	Village or (where death occurre	ed	(ا yrş	NoSt., If death occurred in a hospital or institution, give its NAME instead of street and uu sds. How long in U.S. if of foreign hirth?yrsmos.	Wa mber)	
6)	CORD, Every PHYSICIANS oct statement	2. FULL NA (a) Resider	ME Stil	lboin	4	lle	St., Ward.		
	PHH Ict	PERSON	NAL AND STAT		iplace of al		If nonresident give city or town and St	ate	
	NT RECOL. Y. PH	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)					21. DATE OF DEATH	02%	
BINDING	MANEM ACT assifted	5a. If married, widow HU3BAND of (or) WIFE of	vad, or divorced				(Month) (Oay) 22. HEREBY CERTIFY, That Lattended de	(Year)	
BIN	GXE.	6. DATE OF BIRTH	(month, day, and year)	4/1/5	16	h = 4	I last south the same to the s	19	
FOR	IS A PE stated E properly certificate	7. AGE Yaa		ns Days	1	If LESS than day,hrs.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	death Is sa	
_	- 70	9 Industry or	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			>		Date of onse	
RESERVED	NK-T should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc							
RES	E E + o	12. BIRTHPLACE (city or town) (State or coughty)					Other Contributory Canses of Importance:		
MARGIN	DI Se								
MAI	H UNFA zupplied zin terms, See instru	13. NAME 14. BIRTHPLACE (State or	(city or town)	Ing		,	Name of operation Date of		
	WIT fully n ple nt.	15. MAIOEN NAM	7/13	el der	1		What tast confirmed diagnosis? Was there an auto	psy?	
	id be carefull DEATH in p	0 16. BIRTHPLACE	16. BIRTHPLACE (city or town) (Stata or country)				23. If death was dua to axternal causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Date of Injury, 19		
	Should by OF DE	17. INFORMANT(Address)	slavi	Holl	ud	Where did Injury occur? (Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
		18. BURIAL, CREMATI	. 1	haple.	Apri	L21906	Manner of injury		
No. 1		19. UNOERTAKER (Address)	Foralis (Harry rill			24. Was disaase or Injury In any way related to occupation of decaased?	3	
V. S. No.	z z	20. FILEO April	2, 1916 W	HArd	esti	Registrar.	(Signat) Strain (Addrass) Orusin (Malarss)	M. D	
			If ,	nore blanks are need	led, address		1411 N. Charles Street, Baltimore, Requesting U.S. No. 1.		

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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
}					
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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Chronic interstitial nephritis MAY 8 1936	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	1				

	,	a		
	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	Jo 1	plnc	000	
	item	sho	Jo.	
)	ery	INS	ent	
	. Ev	ICI	atem	
	SEC.	HYS	t st	
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N N	SMA	XA	class	
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MARGIN RESERVED FOR BINDING	Z	be c	SATI	TION is very important. See instructions on back of certificate.
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V. S. No. 1	K. B			
-	14			

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3869
1. PLACE OF DEATH 7	<u> </u>
County Calsert	Registration Dist. No. 3 72
Village or City Thum Voul	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still Parm- Horid !	Mes Y U.S. Veteran apecify WAR.
(a) Residence: No. P-lum Point	St Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH While 27 193 36
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
00.000 = 10.01	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I lest saw h alive on, 19; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Sull born
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Theun Point	Other Contributory Causes of Importance:
(State or country) Calvert Co. Hud	
13. NAME Bernard nies	
13. NAME BERNARD SILO 14. BIRTHPLACE (city or town) W (State or sountry)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emma Ethel Horrid	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
TAMORIA & Charelet	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) W	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece St. Edimonal Date (Frek 7-7, 1936)	Nature of Injury
19. UNDERTAKER CLEAN THE TANKS	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Rem Fourt	(Signed) Jirgel (Carhensler Seal (Sag
20. FILED Triel 25, 19 36 Uligar Carpenlle	(Signed) W Races)
Acgistrat.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory	causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

TATE	OF	MARYI	AND-CERTIFICATE	OF	DEATH
INIL	OI	IAI WIZI F	AND CENTILICATE	OI	DLAIII

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Langth of residence in city or town where death occurred	1. PLACE OF DEATH		3	V /
Langth of residence in city or tewn where death occurred	County Calsest)_/	Registra	ation Dist. No. 3
Langth of residence in city or town where death occurred	Village or City	blars	No	St.,Ward
22. FULL NAME (a) Residence: No. (b) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or particular words at this occupation (month and work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Other Coetributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country)	Langth of residence in city or hown where death			
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Curric the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days ITLESS than Iday, hrs. or, min. 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Sayent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Ward. MEDICAL CERTIFICATE OF DEATH 12. DATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH 12. DATE OF DEATH MEDICAL CERTIFICATE OF DEATH MONTH MEDICAL CERTIFICATE MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MONTH MEDICAL CERTIFICATE MON	11:00 0	Α		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 6. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARN, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARN, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARN, etc. 10. Date deceased last worked at this occupation (month and year) Control of the date steed ebove, at. 11. Total time (years) spent in this occupation (month and year) Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country)		m -	way muncy	1
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (winter the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. OCHAPLE OF DEATH 10		(Usual place of abode)		sident give city or town and State
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) (State or country) OR DIVORCED (write the word) 22. I HEREBY CERTIFY, Thet i ettended deceased fine (Year) to have occurred on the date steted ebove, at many to have occurred on the date steted ebove, at man			MEDICAL CERTIFIC	ATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days It LESS than 1 day, hrs. or min. 1 day, hrs. or min. 8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Other Coutributery Causes of Importance: Other Coutributery Causes of Importance:			21. DATE OF DEATH	2 10
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(or) WIFE of 10	5a. If married, widowed, or divorced	enge		
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kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 14. Totel time (years) spent in this occupation Other Coutributery Causes of Importance:	U -	ormin.	were as follows:	Data of onset
year) Occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country)	8. Trade, profession, or particular kind of work done, as SPINNER,	nove	2700	
year) Occupation Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country)	SAWYER, BOOKKEEPER, etc.	10010	Duck - vom	
year) Occupation Other Coutributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country)	work was done, as SILK MILL, SAW MILL, BANK, etc.	10		***************************************
12. BIRTHPLACE (city or town)	- this sacapation (month and	11. Totel time (years) spent in this		
(State or country)	year)	occupation	Other Contributory Causes of Importance:	
		ro,	-	
ii 13. NAME essel france		Ma.	_	
	14. BIRTHPLACE (city or town)			
14. BIRTHPLACE (city or town) Dete of	4 14. BIRTHPLACE (city or town)	yw,	Name of operation	Dete of
Whet test confirmed diagnosis? Was there an eutopsy?	(State of Country)	5, 111	Whet test confirmed diagnosis?	Was there an eutopsy?
15. MAIDEN NAME Sales 32. If deeth was due to externel causes (VIOLENCE) fill in also the following:	15. MAIDEN NAME	nes	23. If deeth was due to externel causes (VIOLEN	ICE) fill in also the following:
Accident, suicide, or homicide? Data of injury 19	0 16. BIRTHPLACE (city or town)	NO OF	Accident, suicide, or homicide?	Data of injury, 19
(State or country) (Specify city or town, county and State)	(State or country)	5. MV		city or town, county and State)
17. INFORMANT - MOULT C. C. C. C. C. C. C. C. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		owall	Specify whether Injury occurred in INDUSTRY,	In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	11 00 000	orly		
At Famoura (shall 8 2)	8 th Golden - Ma	april 18 1026		
Plece See Solving Date See See See See See See See See See S	O O O	150.85	Neture of injury	
19. UNDERTAKER		rett of		occupation of deceased?
(Address) Poplus, M If so, specify	(Address)	Mg MM	1/18/2017/0	1 111 50.10
20. FILED SPrel J. 1936 Ungle V. Carpenler (Signed) Ungle J. Carpenler	20. FILED 18 12 87 19360 LIGGE	Varheuler		Dente Henry
Registrar. (Address)				cous, my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	W4E
The principal cause of death and related causes of importance were as follows:	6 1 1	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II SKEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	-CERTIFICATE OF DEATH 38	71
county Calvert	(131)	5
Village or City Quiny	Registration Dist. No. 0	
J		War
residence in biy or town where death occurredyrs,m	osds. How long In U.S. if of foreign birth?yrsm	osd
2. FULL NAME Jalins C. Jours		
(a) Residence No. (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCES (write the word)	21. DATE OF DEATH	
	4 10	, 193 6
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day)	(Year)
(or) WIFE of annie forms	1 HEREBY CERTIEY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year) March 25, 1888	I last saw h Lin alive on Come 10 1936	1900
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1010 Pm.	; death is sal
48 16 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Junch duine SAWYER, BOOKKEEPER, etc.	Cleraic sente replientes	Date of pract
< 9. industry or business in which	Hoperturies	11/11/25
work wes done, as SILK MILL ST. RCG	Cellite unjocarditis	4/4/3
this occupation (month end / 2000 spent in this		
year) occupation 6 9	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)		
A	-	
13. NAME Wur C, Jones 14. BIRTHPLACE (city or town) July		
(State or country)	Name of operation Date of	
15. MAIDEN NAME Jewette Marshall 16. BIRTHPLACE (etty or town) Marshall (State or country)	What test confirmed diagnosis? Wes there an au	
16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
(State or country)	Where did Injury occur?	
17. INFORMANT Roswell Jaces	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC) CE.
(Address) Comp Ma		
Place Frendships Dale April 13 1936	Manner of injury	
Reland	Nature of injury	100
(Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify	Jecon
20, FILED April 13 1096 W St. Ztar dorle	(Signed) July W Wards	
Registrar.	(Address) Turing, lud	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ATE OF MAR	RYLAND—	CERTIFICATE OF DEATH	72
1. PLACE OF DEATH	la les a	7	8 20 0 =	
County	Jary My	1/1	Registration Dist. No.)
Village or City	-an co	(III	St., Seath occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city of	or town where deeth occurred	yrsmos	ds. How long in U. S. if of foreign birth?yrsm	osd
2. FULL NAME	ne ar	m	1 My War State WAR	**************
(a) Residence: No	Islan	ed cre	USL, R Ward.	
PERSONAL AND	(Usual place		If nonresident give city or town and	State
3. SEX 4. COLOR (RRIEN, WIDOWED,	21. DATE OF DEATH	/
m	OR DIVORCE	ED (write the word)	(Month) (Day)	., 193 (Year)
5a. If merried, widowed, or divorced HUSBAND of	d			111111111111111111111111111111111111111
(or) WIFE of			22. I HEREBY CERTIFY, Thet i ettended	
6. DATE OF BIRTH (month, dey, ar	nd year) 4/4	4/36	I last saw h elive on19	
7. AGE Years	Months Days	If LESS than	to have occurred on the date stated above, et 2 G_m.	
		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:	Davidos
8. Trade, profession, or partic kind of work done, as SAWYER, BOOKKEEPER	cular SPINNER			Date of onse
kind of work done, as SAWYER, BOOKKEEPER			17.11 6000	
CAW MALL DANK -A-	K MILL,		Tuck of the	-
10. Date deceased last worked this occupation (month	d at 11. Totel	time (yeers) ent in this		-
year)	00:	supation	Other Contributory Canses of Importance:	-
12. BIRTHPLACE (city or town) (State or country)	Ismes Iredera	ik, md		
1 /h/ /	liam Ti	Moon		-
13. NAME 14. BIRTHPLACE (city or town)	m	0	Name of operation Dete of	
(State or country)	10 10		What test confirmed diegnosis? Was there an	autonsy?
15. MAIDEN NAME	Myalun	Aney	23. If deeth was due to external causes (VIOLENCE) fill in elso the followin	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)) Ma		Accident, suicide, or homicide? Dete of injury	, 19
(Stete or country)	11:		Where did injury occur?(Specify city or town, county and Sta	
17. INFORMANT	Clam,	room	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 18. BURIAL, CREMATION, OR REM	10VAL/	ruce,	Menner of injury	
Place Plores	Churchoose 47	4 136	Neture of Injury	
Fally Wille	in The		24. Wes disease or injury in any way related to occupation of deceased?	
(Address)	and Creek	me	If so, specify	
20. FILED 4/4 190	36. N. Clare	ariese	(Signed) Mesoc	My
7 7		Registrar.	(Address) / Will Just	aca ;

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-D. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT RECU CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAINLY,

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13013
County Callert,	Registration Dist. No. 52
Village or City of aus o Marlobo	O_NoSt Ward
(If Length of rasidance in <u>city or</u> town whera death occurredyrsnos	death occurred in a hospital or institution, give its NAME instead of street and number) ————ds. How long in U.S. If of foreign birth?————————————————————————————————————
2. FULL NAME William more	MMM S. Veteran specify WAR.
(a) Residence: No. have months	✓St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED & write the word) OR DIVORCED & write the word)	21. DATE OF DEATH 25, 193 6 (Wonth) (Day) (Year)
5a. If marriad, widowed, or divorgad HUSBAND of (or) WIFE of Sulka M Kenny	22. HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Due 11, 1865	I last saw ham aliva on affined 75/19 36; deeth is said
7. AGE Years Months Days if LESS than	to have occurred on the date statad above, atm.
70 4 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trade, profession, or perticular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Who selesare 390
	Al
O 10. Dete deceased last worked et this occupation (month and spent in this	Chronic marchiled righter 191,
year) occupation occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	1200
19 300	1- societo for lumana / days
14. BIRTHPLACE (city or town) 14. City or country)	overma, 3 days
4. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cast Trying (Address) Law. Mawbord	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. Harmony Date Uprel 27, 1936	Nature of Injury
19. UNDERTAKER W= H. Heitchins	24. Was disease or injury in any way related to occupation of daceased?
20. FILED april 25, 1936 Th. B. Cox. Registrar.	(Signad) Messeal M.D. (Addrass) Mise Frederick, Well
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	1445
Gallstones	May 1,1923	Gastroenteritis	1 year

B. ż

STAT	E OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		->	174
County	adver	1.	Registration Dist. No. 5/
Village or City	TARSI	on (II	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town	where de th occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME	Dehn	Oft	der U.S. Veteran specify WAR.
(a) Residence: No.	(Usual plac	e of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STA	TISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PA		RRIED, WIDOWED, ED write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year	, 4/	76/36	I last saw h aliva on 19 detailed, 19 death is said
7. AGE Years Mo	nths Deys	If LESS than 1 day, firs. or 20 min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINN SAWYER, BOOKKEEPER, etc.	ER,	1 0100000	Dete of one et
9 Industry or business in which work was done, as SILK MILI			
10. Date deceesed last worked at this occupation (month and year)	11. Total	time (years) ent in this supation	
12. BIRTHPLACE (city or town)(State or country)	15 me	low	Other Contributory Causes of importance:
13. NAME W	nkerse	ww	The state of the s
13. NAME 14. BIRTHPLACE (city or town) (State or country)			Nama of operation
15. MAIDEN NAME	ura Re	den.	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIOLENCE) fill in also the followings
16. BIRTHPLACE (city or town)	n	11	Accident, suicide, or homicides Amulad Bate of injury 4/28/19 36 Where did Injury occur? The Saistan
17. INFORMANT Alga Ogder (Addrass)			(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Wester Men	norialoata Agi	:178,1936	Menner of injury
19. UNDERTAKER LEG (Address) Bar.	gaden stow-mo	<i>t</i> .	24. Was disease or injury in any way releted to occupation of deceased?
20. FILEO 4. 28, 1936	9	· D. Kuin Registrar.	(Signed) Mean 1 2004. M.D. (Address) Marca Graduse,
	If more blanks are needed,	address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes- of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

n of infor- ould state OCCUPA-		1
N. B.—WRITE PLATKLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.		2
INDING RMANENT RE X A C T L Y. classified. Ex	3. 5a	
FOR BI	7.	I
—WRITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.	OCCUPATION	
GIN 'ADIN ed. A is, se tructic	12.	
MAR. H UNF r suppli	FATHER	
LY, WIT e carefull; ATH in pl	17. 18. 19. 20.	
LALL DE DE DE IN	17.	1
TE P n sho SE OF is ve	18.	E
N. B.—WRI mation CAUS	19.	l
× × × (T)	20.	F

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	3010
County Calvert	Registration Dist. No. 52
Village or City	Ma
(length of residence in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
1.4 0 -0 8	sds. How long in U.S.If of foreign birtb?yrsmosds.
2. FULL NAME My Gorothy from	
(a) Residence: Np. (Usual place of abode)	St, Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORGED (frite the word)	4 /9 1936
5a. If married, widowed, of divorced.	(Month) (Oay) (Year)
(or) WIFE of John & Croutt	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 7, 1914	I last saw han alive on [7] 1926; death is said
7. AGE Years Months Days If LESS than	tehave occurred on the date stated above, at 1230 Pm.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were at follows:
C. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Scalet Lever 21/1936
SAWYER, BUDKKEEPER, etc.	alening 4/1426
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	Sylocemia 414/26
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME GISE Chhillington	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT MAY TO THE	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL.	
Place Smithwelle Date Ger 16, 1986	Manner of injury
Ohn Di i Af	Nature of injury
19. UNDERTAKER The Tolkehouse (Address) Our mr o has	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED April 19039 W H Harderly	(Signed) He was used M. O.
Registrar.	(Address)
15 more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial, nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HAIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN	1
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			OF MAR	YLAND-	CERTIFICATE	OF DEA	TH 28	75
	Inty Car	1			(200-0)	y 1	00	9 18
	illy.	2				Registration [Dist. No. 52	
	age or City		/	(1)	death occurred in a hospital or instit	tution, give its NAME	St.,	Ward
Len	gth of residence in	city or town where	death occurred	yrs, mos	ds. How long in U.S. if	of foreign birth?	yrsm	osds.
2. FUI	L NAME	me.	a le	when				
(a)	Residence: No.		(Usual place	of abode)	St., Ward.	16		
PE	RSONAL AN	ND STATIST			MEDICAL C	CERTIFICATE	OF DEATH	State
3. SEX _		OR OR RACE	S. SINGLE, MAR	RIFD, WIDOWED,	21. DATE OF DEATH	4		1936
5a. If marri	ed, widowed, or div	orced		-		(Conth)	(Day)	(Year)
(or) W	IFE of				22. I HEREB	YCERTIFY	, That I attended	deceased from
S DATE OF	BIRTH (month, da	Cope	1719	25		., 19, to		, 19
7. AGE	Years	Months	Days	If LESS than	I last saw h alive on to have occurred on the date stat	4. 2.0	A	; death is said
	10	11	23	1 dey,hrs.	The PRINCIPAL CAUSE OF DEA		s of importance	
8. Tra	de, profession, or p	articular	0	/ 0	were as follows:	gune	-0	Data of onset
	kind of work done, SAWYER, BDOKKE ustry or business in				agrangation			
5	work was done, as SAW MILL, BANK,	SILK MILL.			Vouil	nge		MAN
	e deceased lest wo	rked at	11. Total ti	ime (years) ntin this	theel	The .		/,
	year)	100	0001	pation	Other Cantributary Causes of Imp	ortono:		
	LACE (city or town)	m	9		no contagional &		nosed no	
13. NA	te or country)	4 2m	ken		- frusther Infrarans	tion is alsto	inable	
		1	4.1.1		V		Dr. 18. 17.	
	THPLACE (city or to (Slete or country)	wn)	Mag.		Name of operation			
2	DEN NAME				What test confirmed diegnosis?			
16. BIR	THPLACE (city or to (State or country)	(WI) 792	rece &	achen	Accident, suicide, or homicide? Where did injury occur?	Da		
	ress) Oc		Jack	za,	Specify whether injury occurred in	(Specify sites on to	wn, county and State E, or in PUBLIC PLA	e) ø
18. BURIAL, Place	CREMATION, OR R	adship	Date Afr	· 6 3 1986	Menner of injury			
9. UNDERT		erl-r	Good		24. Wes disease or injury in eny w		on of deceased?	W
O. FILED	gril 3,	934WH1	Harden	Registrar.	(Signed)	the wing	no f	M. D.
		If more b	lanks are needed, as	ddress State Registrar, 2	ALL N. Charles Street, Baltimore Re	O No -		

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Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
13/			